

Name
in
Full

Mrs' Caroline Armstrong

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Port Deposit^{County} CecilDate
of death 1908

Month

Aug

Day

29

Age

Years

69

Months

Days

Sex

Female

Color or
Race

white female

Birth-
place

Rowlandville

Occupation

Housewife

Where Residing if not
at place of death

Port Deposit

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Rabel - Armstrong

Father's
Name

John W. Nicklack

Father's
Birthplace

Elkton

Mother's
Maiden Name

Mary J. Death

Mother's
Birthplace

Rowlandville

Name of person giving
Information

Elizabeth Nickle (Sister)

How related
to deceased

Sister

CAUSES OF DEATH

67

Primary

General Paralysis or Paralytic dementia 6 mo.

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Ernest Rowland

Address

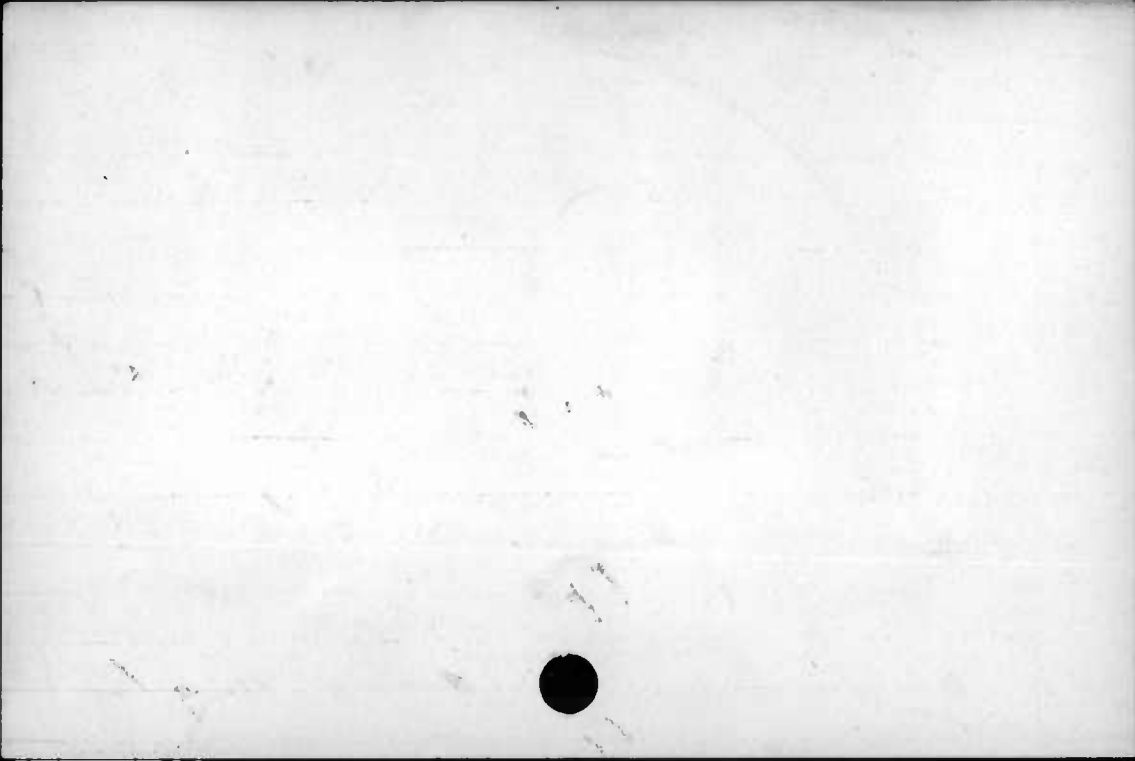
Liberty Grove
Md

Accident or Suicide?

PHYSICIAN
OR CORONER

Clifton Jackson
Blytheville
Ark

Name in Full		David Benz				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Oakwood		Cecil		MARYLAND		
	Date of death	1908	Month 8	Day 7	Age 82	Months 3	Days 7	
	Sex	male		Color or Race	White		Birth-place	Zurich Switzerland
	Occupation	Farmer			Where Residing if not at place of death			Oakwood
	Married, Single or Widowed	Widower		Name of Wife or Husband				Mary A Benz
	Father's Name	David Benz				Father's Birthplace		Switzerland
	Mother's Maiden Name	Elizabeth Benz				Mother's Birthplace		" "
	Name of person giving information	David C. Benz Jr				How related to deceased		Son
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Atheroma				How long	10 6 months	
	Immediate	Suppurative Pleurisy				How long	6 mo	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			S. T. Roman
					Address			Rt 10, Conowingo, Md
	Accident or Suicide?							



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Lewis Blanchfield

Died at *Chesapeake City* Town *Cecil* County

Date of death *1908 Aug 1* Age *4* Years *5* Months

Sex *Male* Color or Race *White* Birth-place *Chesapeake City*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Elyzabeth Blanchfield*

Father's Name *Benjamin Lewis Blanchfield* Father's Birthplace *Chesapeake City*

Mother's Maiden Name *Elyzabeth Taylor* Mother's Birthplace *" "*

Name of person giving information *Elyzabeth Blanchfield* How related to deceased *Mother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

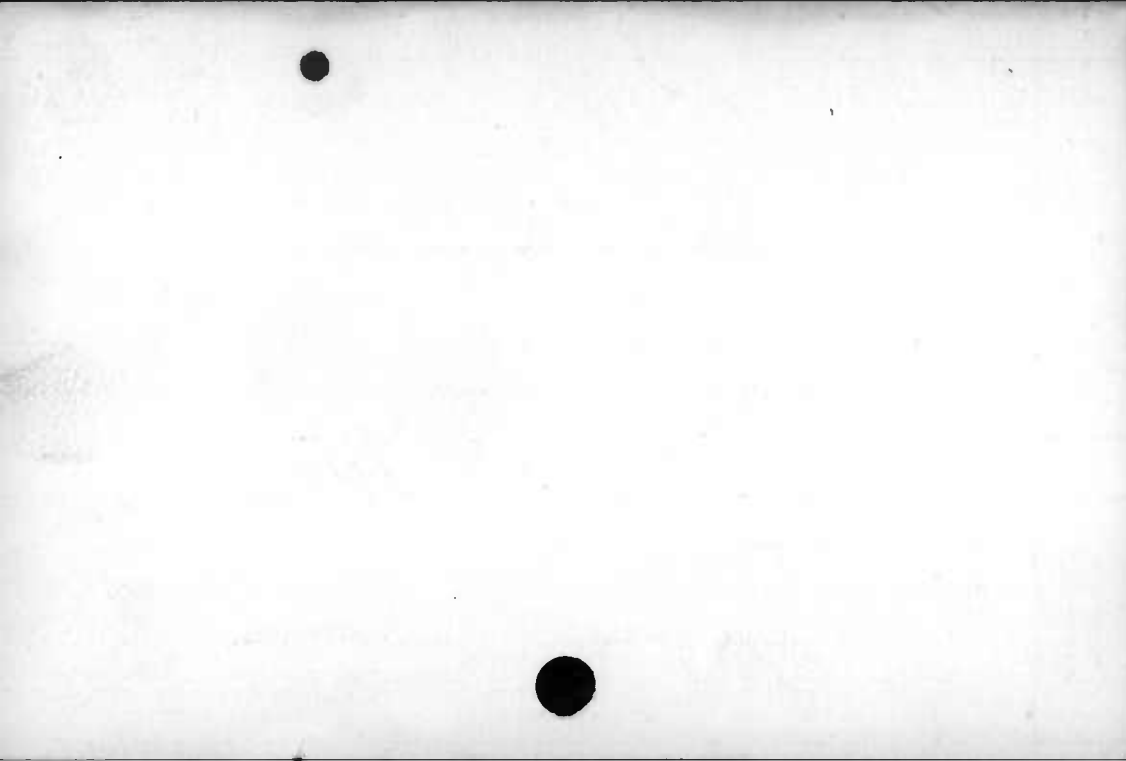
Primary *Cholera Infusion* How long *Three days*

Immediate *Exhaustion* How long *Four hours*

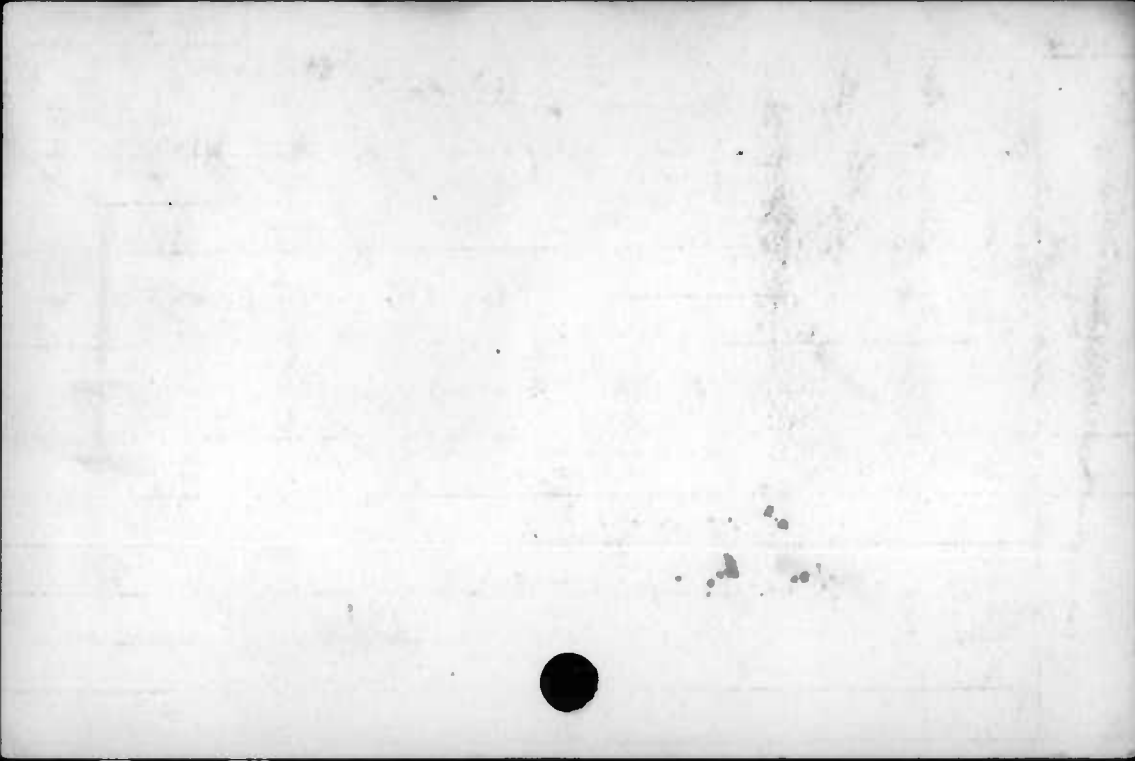
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. J. Conner* Address *Chesapeake City*

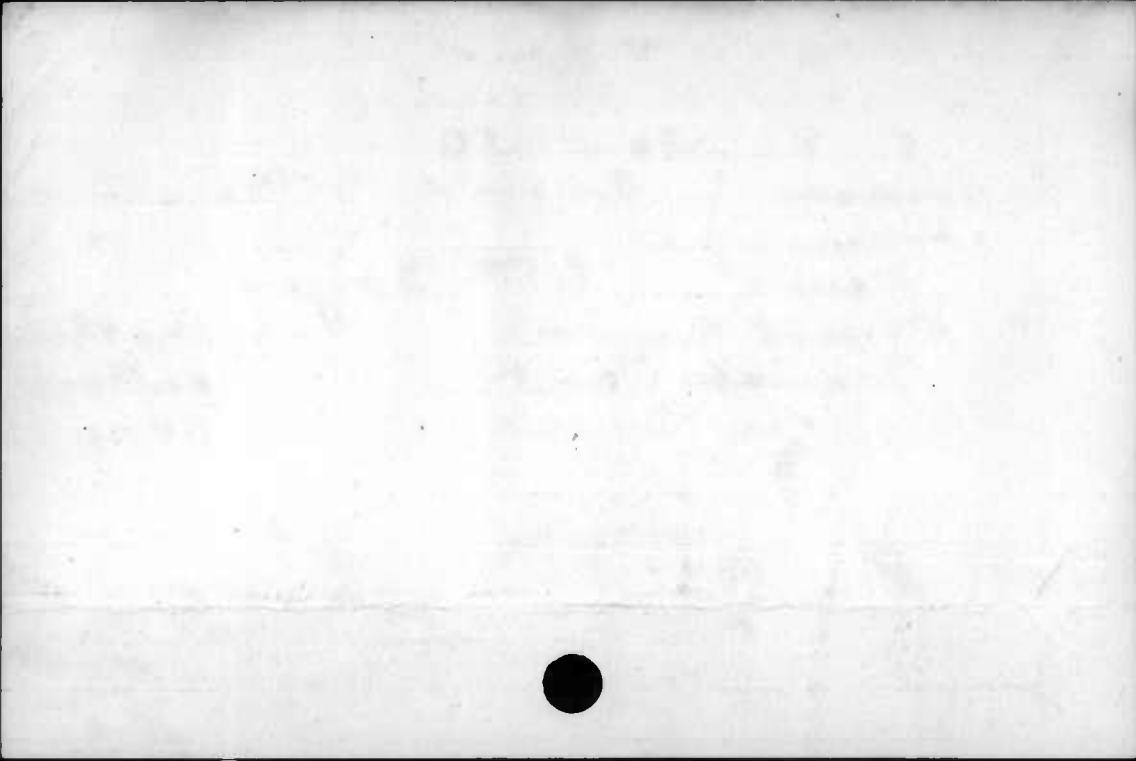
Accident or Suicide? *—*



Name in Full Margaret Blanchfield		CERTIFICATE OF DEATH	
Died at Town Town Point County Cecil		MARYLAND	
Date of death 1908 August 3		Age Years	Months 4
Sex Female		Color or Race White	Birth-place Town Point
Occupation		Where Residing if not at place of death	
Married, Single or Widowed —		Name of Wife or Husband Margaret Blanchfield	
Father's Name James Blanchfield		Father's Birthplace Chesapeake City	
Mother's Maiden Name Margaret Cecily		Mother's Birthplace Town Point	
Name of person giving information Margaret Blanchfield		How related to deceased Mother	
CAUSES OF DEATH			
Primary Malaria		How long two weeks	
Immediate Coma		How long one day	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. J. Conroy M.D.	
		Address Chesapeake City	
Accident or Suicide?			



Name in Full		Rebecca E. Bouchelle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>North East</i> Town			<i>Cecil</i> County		MARYLAND	
	Date of death <i>1908</i>		Month <i>Aug</i>	Day <i>30</i>	Age <i>76</i> Years	Months	Days
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
	Occupation <i>House work</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Rebecca E. Bouchelle</i>				
	Father's Name <i>Dorih Know</i>			Father's Birthplace <i>Dorih Know</i>			
	Mother's Maiden Name <i>Dorih Know</i>			Mother's Birthplace <i>Dorih Know</i>			
Name of person giving information <i>Rev. J. Bouchelle</i>			How related to deceased <i>Son</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Dropsy</i>			How long <i>6 Mo</i>			
	Immediate <i>Chest Trouble</i>			How long <i>For years</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>L. J. Hannick</i>			
				Address <i>North East Md</i>			
	Accident or Suicide? <i>—</i>						



Name in Full		George Bowers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Port Deposit</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND
	Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>14</i>	Age <i>17</i>	Years	Months <i>—</i> Days <i>—</i>
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place <i>Port Deposit</i>
	Occupation	<i>Schoolboy</i>		Where Residing if not at place of death			
	Married, Single or Widowed	<i>—</i>		Name of Wife or Husband			
	Father's Name	<i>James Bowers</i>				Father's Birthplace	<i>Harford Co Md</i>
	Mother's Maiden Name	<i>Mary Burlin</i>				Mother's Birthplace	<i>Cecil Co Md</i>
Name of person giving information	<i>Elizabeth Chascha</i>				How related to deceased	<i>Not any</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Acute Miliary T. B.</i>				How long	<i>3 mrs</i>
	Immediate	<i>Heart Failure.</i>				How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician		
			<i>No</i>		Address		
	Accident or Suicide?		<i>No</i>		<i>W. G. Jack</i> <i>Liberty Grove</i> <i>md</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Heatie Boyer*
Beelton ^{Town} *Beel* ^{County}Date of death *1906* Month *8* Day *30* Age *50* Months *—* Days *—*Sex *Female* Color or Race *Colored* Birthplace *Maryland*Occupation *Housewife* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Wm Boyer*Father's Name *Do not know* Father's Birthplace *Do not know*Mother's Maiden Name *Mariah Gant* Mother's Birthplace *Maryland*Name of person giving information *John Boyer* How related to deceased *None*

CAUSES OF DEATH

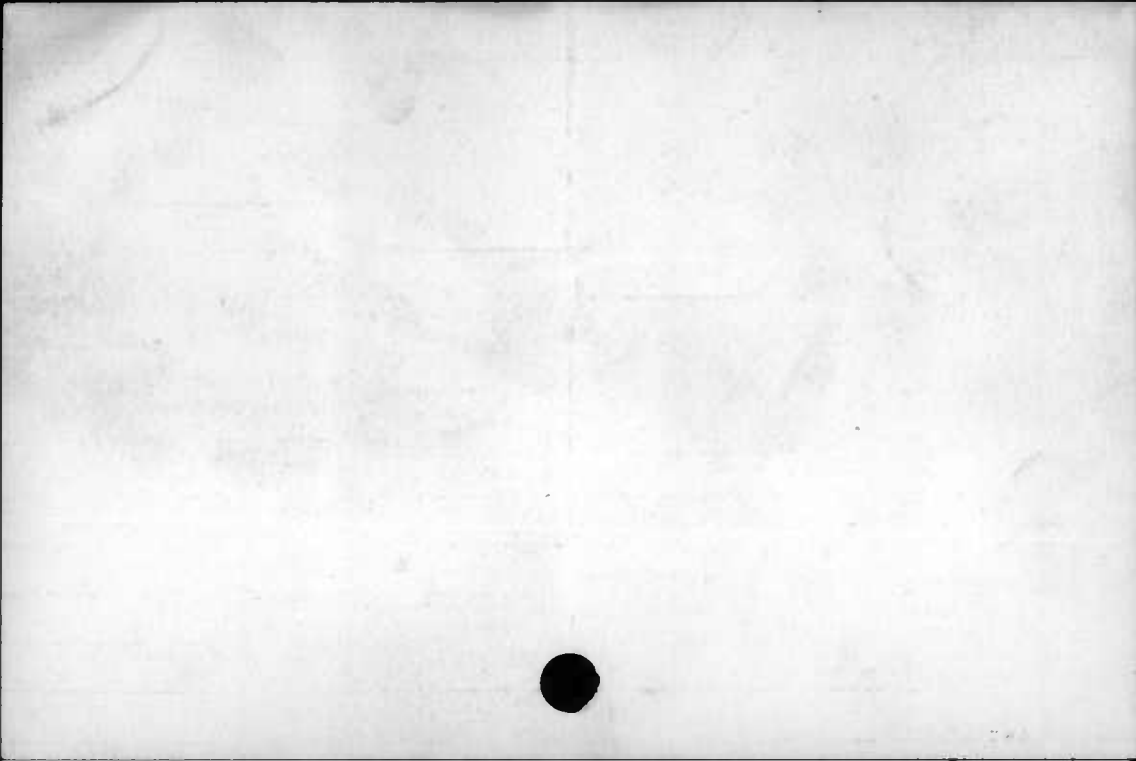
64

Primary *Apoplexy* ✓ How long *4 hours*
Immediate How longAre the name, age, sex, color, date and place correctly given above? *ye*

Signature of Physician

Address

P. M. Blake
Beelton,
 *Md.*Accident or Suicide? *—*



Name
in
Full

Robert R. Buckley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elkton Town Cecil County

Date of death 1909 Month Aug Day 29 Age 66 Years Months — Days —

Sex Male Color or Race White Birth-place Ind

Occupation Not any Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband Caroline Poole

Father's Name Johnson Buckley Father's Birthplace Ind

Mother's Maiden Name Sophia Dawney Mother's Birthplace Ind

Name of person giving information Emily Logan How related to deceased Daughter

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Nephritis How long 3 yrs.

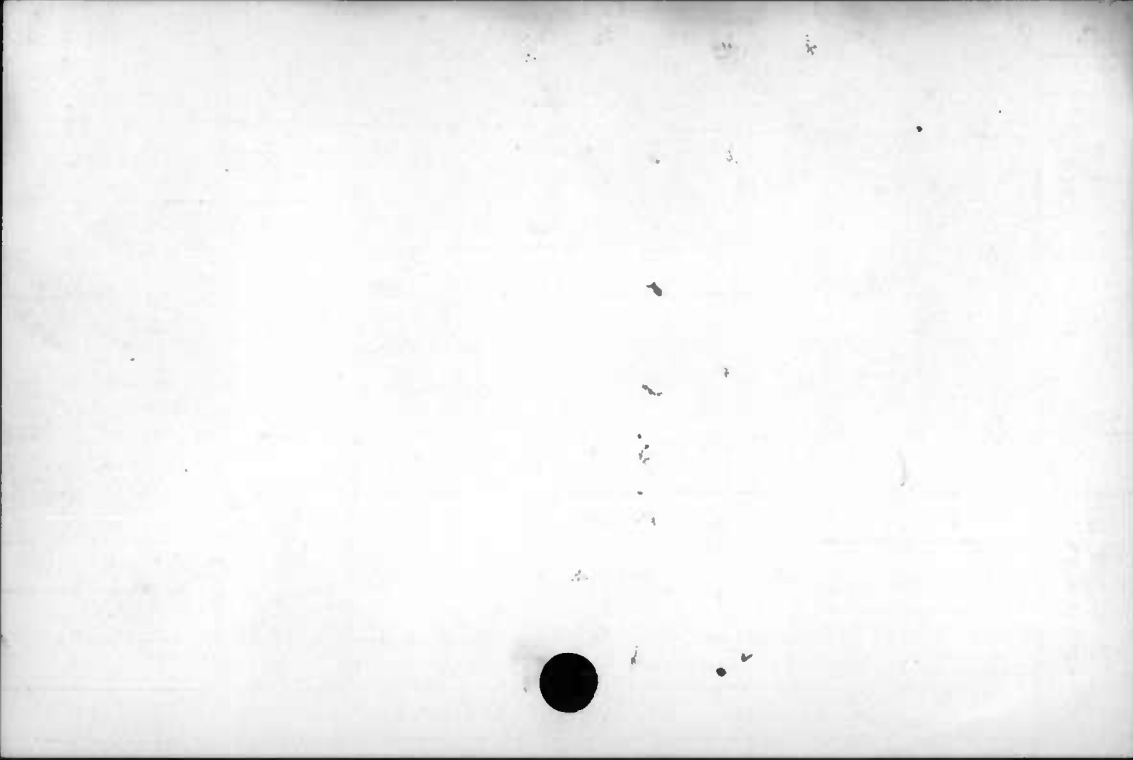
Immediate Exhaustion How long 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

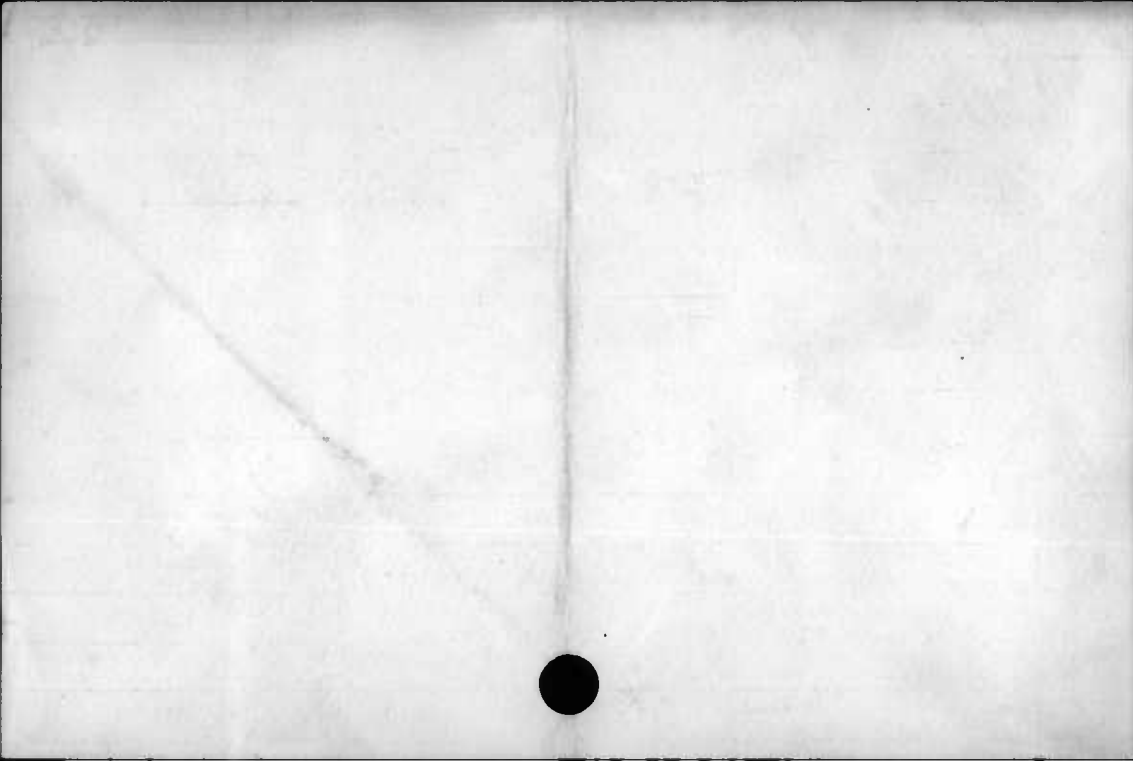
Signature of Physician Alton Mitchell

Address Elkton Ind.

Accident or Suicide? —



Name in Full		Adam Dombroski - <i>Harold Grace</i>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Perryville</i>		County <i>Leecil</i>		MARYLAND	
	Date of death	<i>1908</i>	Month <i>8-</i>	Day <i>23</i>	Age <i>—</i>	Months <i>8</i>	Days <i>—</i>
	Sex	<i>Male</i>		Color or Race	<i>White</i>		
	Occupation	<i>—</i>			Birth-place	<i>U.S.A.</i>	
	Where Residing if not at place of death			<i>Perryville, Md.</i>			
	Married, Single or Widowed	<i>—</i>			Name of Wife or Husband <i>—</i>		
	Father's Name	<i>John Dombroski</i>			Father's Birthplace	<i>Russia</i>	
	Mother's Maiden Name	<i>Francis Gardocks</i>			Mother's Birthplace	<i>Russia</i>	
Name of person giving information	<i>Anda Karaban</i>			How related to deceased	<i>— None</i>		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 50px; margin: 0 auto;">105</div>							
PHYSICIAN OR CORONER	Primary	<i>Cholera Infantum</i>				How long	<i>1 Day</i>
	Immediate	<i>Progressive Cardiac Asthenia</i>				How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>L. G. Taylor M.D.</i>		
	Address		<i>Perryville, Md.</i>				
	Accident or Suicide?	<i>—</i>					



Name in Full		Eli Edwin Ewing				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Coburn	County Lecile		MARYLAND	
		Date of death		1908	Month Aug	Day First	Age Seventy	Months nine
		Sex		Male		Color or Race	White	
		Occupation		Carpenter		Where Residing if not at place of death		Near Coburn
		Married, Single <input checked="" type="radio"/> Widowed		Name of Wife or Husband Margaret Ediza Ewing				
		Father's Name		Alexander Ewing		Father's Birthplace		Harford Co
		Mother's Maiden Name		Lucinda Johnson		Mother's Birthplace		Lecile Co
Name of person giving information		S. M. McCardell		How related to deceased		none		
		CAUSES OF DEATH				120		
PHYSICIAN OR CORONER		Primary		Chronic Parenchymatous Nephritis		How long 4 mo.		
		Immediate		Uraemic Coma. (Exhaustion following)		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician E. S. Howland		
				Address Liberty Grove Md				
Accident or Suicide?								

Funeral was
to day the 4th
at Westnottingham
Cemetery
J. J. Burthins
undertaker



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George W. Heiggenbottom</i>		Town <i>Port</i>		County <i>Wessex</i>		State <i>MARYLAND</i>	
Died at <i>Port</i>		Month <i>Aug</i>		Day <i>3</i>		Age <i>34</i>	
Date of death <i>1908</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Anna's Bay</i>			
Occupation <i>Inf</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mattie Heiggenbottom</i>					
Father's Name <i>George Holcher</i>		Father's Birthplace <i>Anna's Bay</i>					
Mother's Maiden Name <i>Mattie Crofford</i>		Mother's Birthplace <i>Anna's Bay</i>					
Name of person giving information <i>Mattie Heiggenbottom</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Acute Nephritis</i>	How long	<i>2 mo</i>
Immediate	<i>Pulmonary Oedema</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. L. Jack M.D.</i>	
		Address <i>Liberty Drive Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

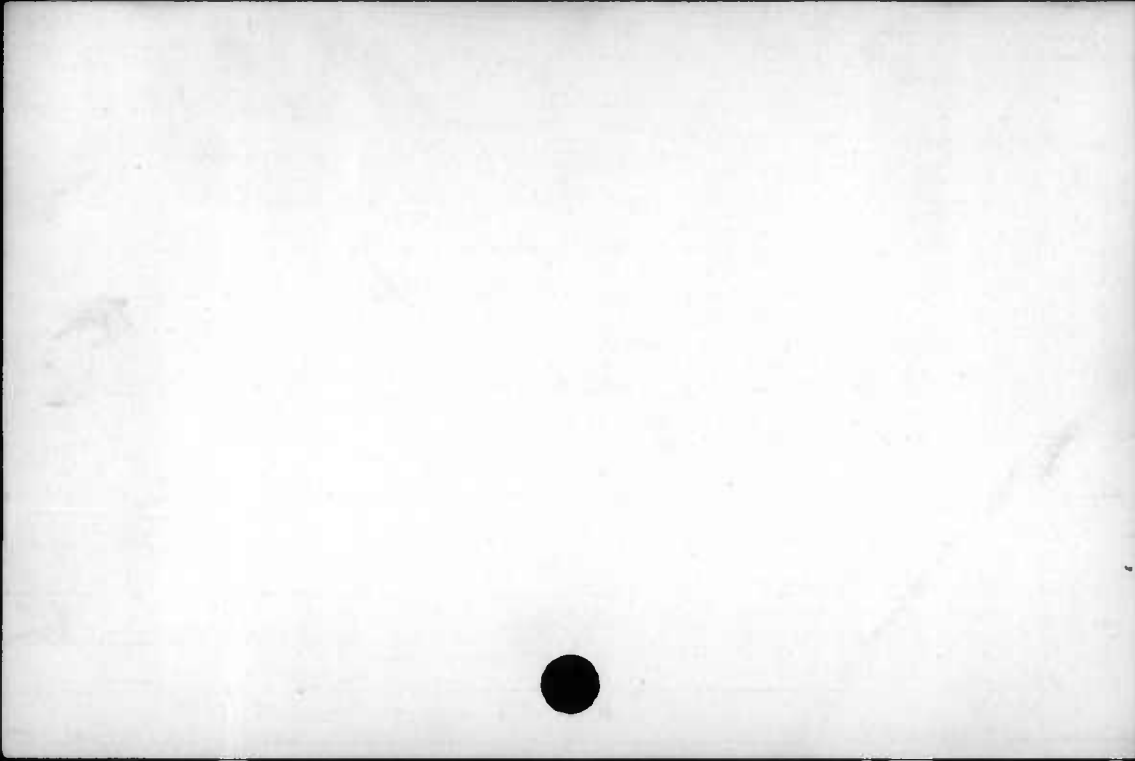
Died at <i>Perryville</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	1908	Month	Aug	Day	21
Age		25		Years	
Sex		Female		Color or Race	White
Occupation		House girl		Birth-place	Cecil Co Md
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Albert Jackson		Father's Birthplace		
Mother's Maiden Name	Margaret Baker		Mother's Birthplace		
Name of person giving information	Albert Jackson		How related to deceased		
			Father		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis -</i>	How long	<i>Yrs -</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

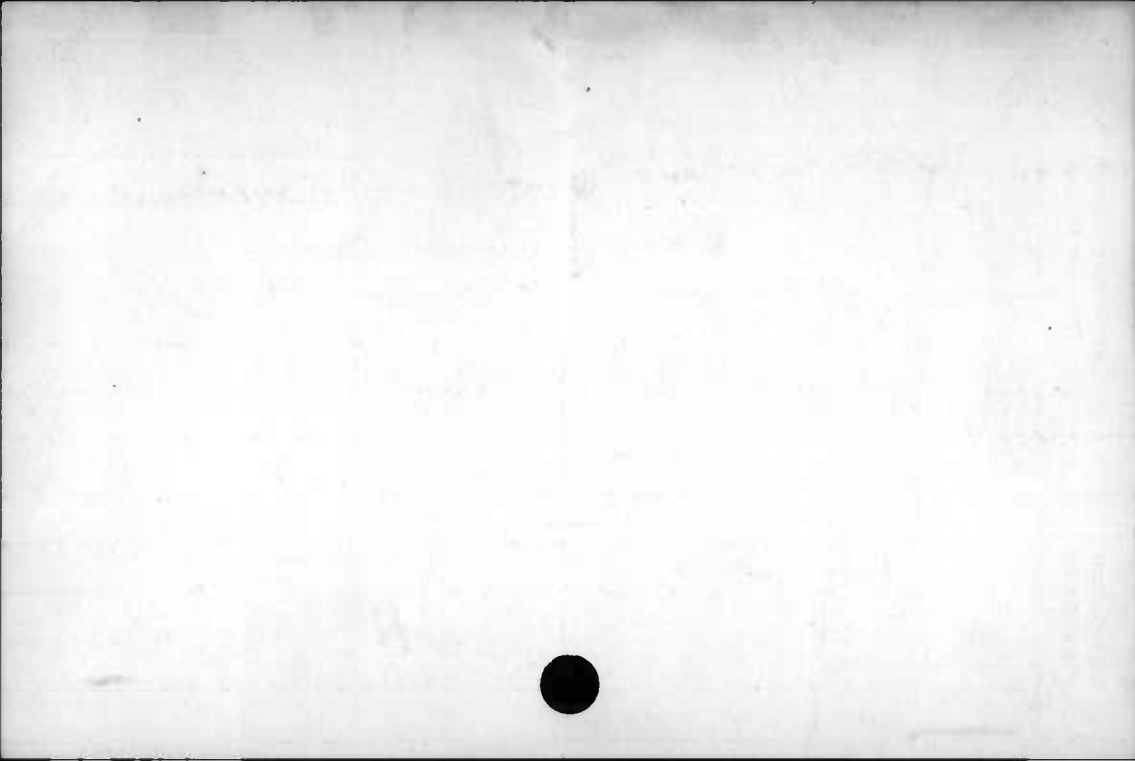
Died at Bay View ^{Town}		Cecil ^{County}		MARYLAND	
Date of death 1908	Aug ^{Month}	29 ^{Day}	Age 80 ^{Years}	Months	Days
Sex Female	Color or Race White	Birth-place Cecil Co Md			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband William Johnson				
Father's Name John Gamble	Father's Birthplace Unknown				
Mother's Maiden Name Rancy Burns	Mother's Birthplace Cecil Co				
Name of parson giving information John F Johnson	How related to deceased Son				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary General Debility	How long One year
Immediate Heart	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician B. H. H. H. H. H.
	Address North East
Accident Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jos B Keys* Town *near Prince George* County *Frederick*

Died at *near Prince George*

Date of death 1908 Month *5* Day *3* Age *34* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Jos. B Keys* Father's Birthplace *Maryland*

Mother's Maiden Name *Susanna Connely* Mother's Birthplace *"*

Name of person giving information *Susanna Connely* How related to deceased *—*

CAUSES OF DEATH

166
How long

How long

PHYSICIAN
OR CORONERPrimary *Falling in pit*

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

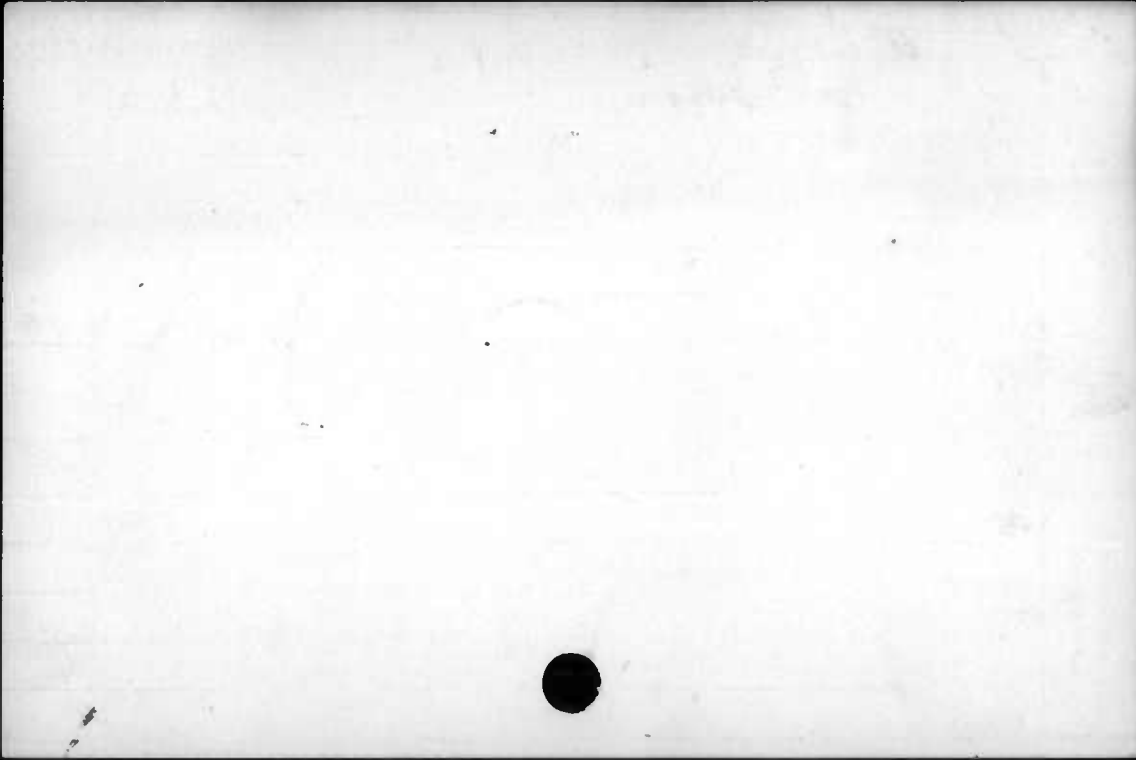
Signature of Physician

Address

James Hager Coroner
Extr., Md

Accident or Suicide?

Accident



Name
in
Full

CERTIFICATE OF DEATH

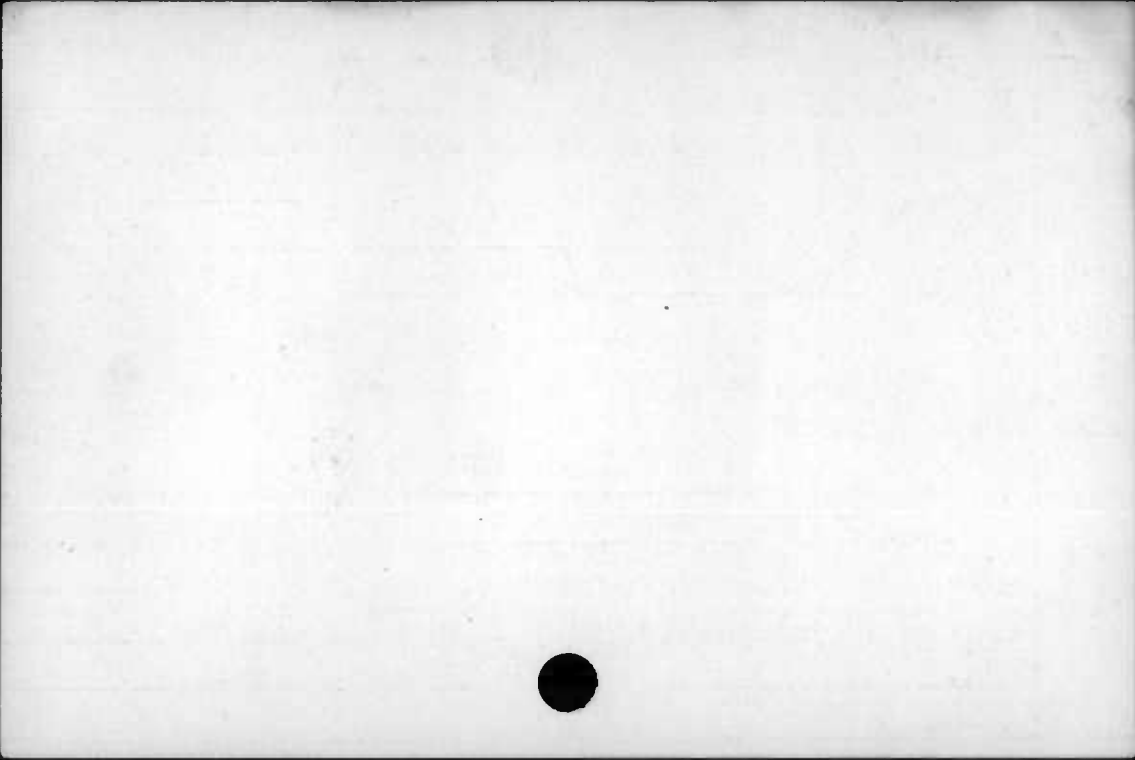
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Date of death		Month <i>Aug</i>	Day <i>16</i>	Age <i>54</i>	Years <i>7</i>	Months <i>9</i>	Days <i>9</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Chesapeake City</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Gilbert C. Lawrence</i>					
Father's Name <i>Benedict Sarrin</i>		Father's Birthplace <i>Chesapeake City</i>					
Mother's Maiden Name <i>Alpha E. Sarrin</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>J. B. Lawrence</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Catarrhal Gastritis</i>	How long <i>3 years</i>
Immediate <i>Heart disease</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Karsner</i>
	Address <i>Chesapeake City, Md</i>
Accident or Suicide? <i>No</i>	



Name
is
Full

Lidie J. Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

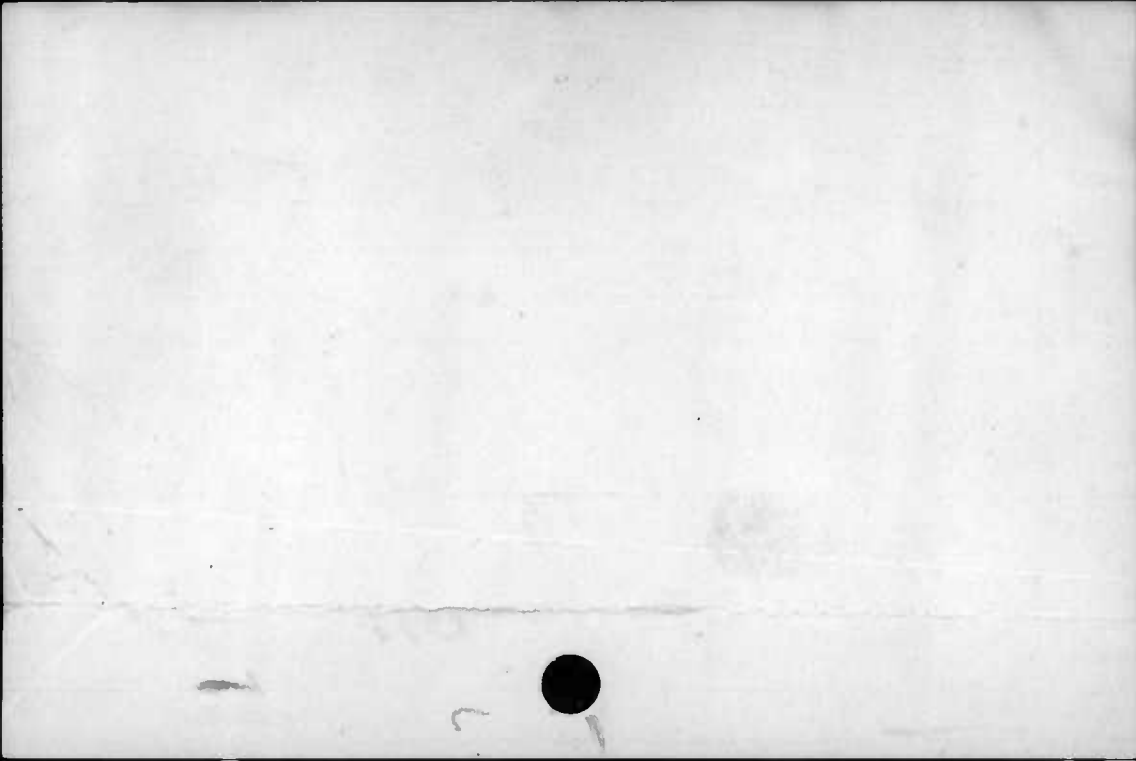
Died at <i>North East</i> ^{Town}		<i>local</i> ^{County}		<i>leam</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>August</i>	Day <i>30</i>	Years <i>43</i>	Months <i>11</i>	Days <i>11</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>North East</i>				
Occupation <i>Housekeeper</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Prof. L. Lynch</i>					
Father's Name <i>George Moore</i>		Father's Birthplace <i>Not known</i>					
Mother's Maiden Name <i>Phillips</i>		Mother's Birthplace <i>11</i>				<i>11</i>	
Name of person giving information <i>Mrs John Moore</i>		How related to deceased <i>Sister in Law</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Hysteria</i>	How long
Immediate <i>Hysteria</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
	Address <i>N. East</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

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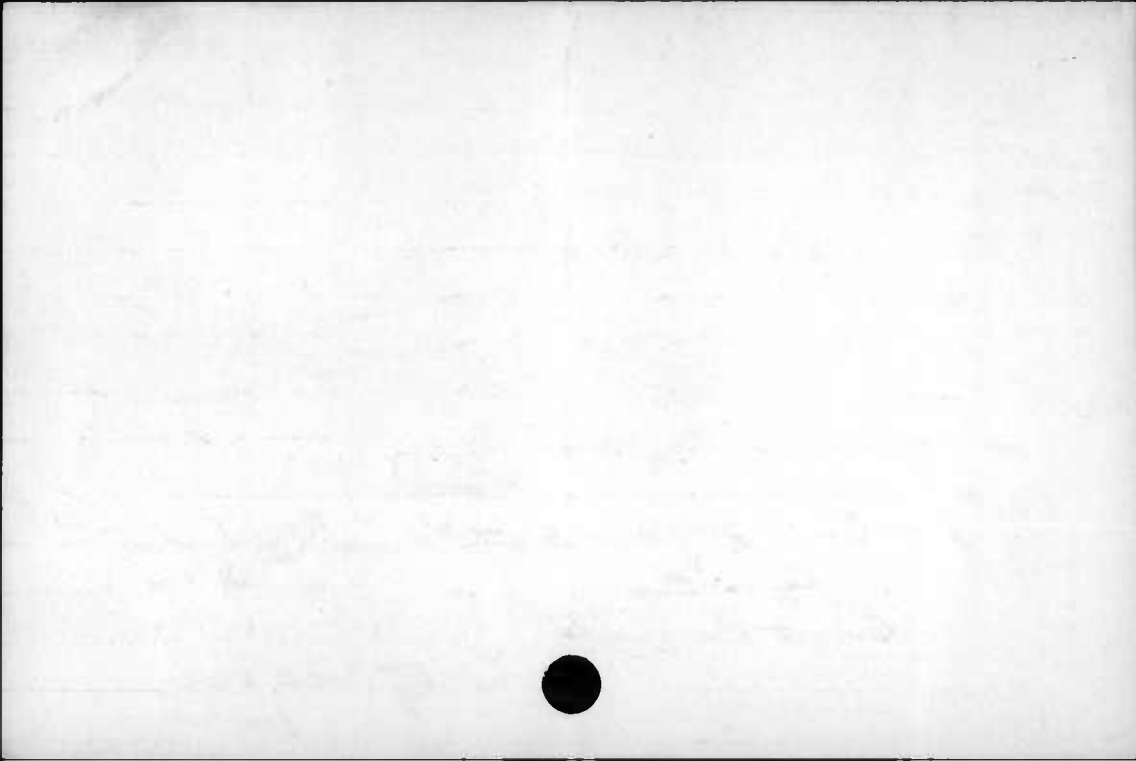
Died at <i>Cecil</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	1908	Month	8	Day	4
Age		5-8		Months	
Sex	Male	Color or Race	Black	Birth-place	Ind -
Occupation		Laborer			
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband <i>Auntie Noakes</i>			
Father's Name	<i>Geo. Noakes</i>		Father's Birthplace	Not known	
Mother's Maiden Name	<i>Mary Thompson</i>		Mother's Birthplace	Not known	
Name of person giving information	<i>Mary Wilson</i>		How related to deceased	Sister	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Diabular Heart Disease</i>	How long	<i>4 years</i>
Immediate	<i>Dropsy</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. H. Brainerd</i>	
		Address <i>Cecil</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Mr. Adolphus O. Reynolds

Town

County

Died at

MARYLAND

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 17

Age

52 Years

American

Tram Operator p.
at Media, Pa.

Male

White

Married

Widow

Divorced

no

Female

Colored

Single

Widower

Number of children living

none.

Husband

of

Amanda Reynolds

Father's

Name

Otha Reynolds

Mother's

Maiden Name

Margarette Oakley

Cause of

Primary

Chronic progressive paralysis

How long sick

one year.

Death

Immediate

Exhaustion

(67)

Accident, Suicide, Homicide

Reported by

Ernest Rowland

Address

Liberty Grove, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

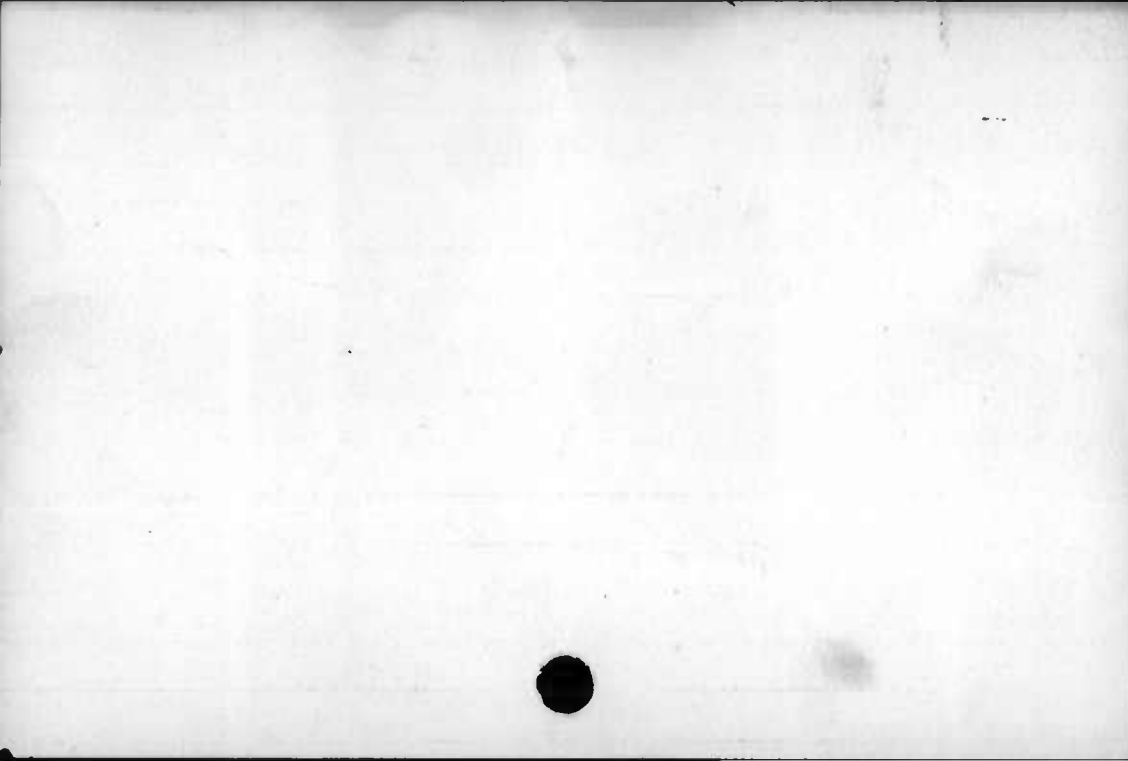
Name in Full H. Ellwood Robinson		Town Narwich		County Cecil		MARYLAND	
Died at		Date of death 1908 Aug 12		Age 43		Months — Days —	
Sex Male		Color or Race Caucasian		Birth-place Cecil Co., Md.			
Occupation Farmer		Where Residing if not at place of death Near Narwich —					
Married, Single or Widowed Married		Name of Wife or Husband Ninnie Robinson					
Father's Name James T. Robinson		Father's Birthplace Cecil Co., Md.					
Mother's Maiden Name Hannah Lewis		Mother's Birthplace Phila. Pa.					
Name of person giving Information James E. Stra		How related to deceased Cousin					

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	Membranous Oropharynx	How long	36 hrs.
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Chas. A. Ritchie	
Yes		Address Middletown, Del.	
Accident or Suicide? No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James F Rutter* Town *Bath Swamp* County *Cecil* MARYLAND

Died at *Bath Swamp*

Date of death 190 *8* Month *5* Day *7* Age *49* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Cecil Co*

Occupation *Black Smith* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Minnie V. Rutter*

Father's Name *John F Rutter* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah Harris* Mother's Birthplace *Maryland*

Name of person giving information *Wife of deceased* How related to deceased

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary *Suicide (Shot)* How long

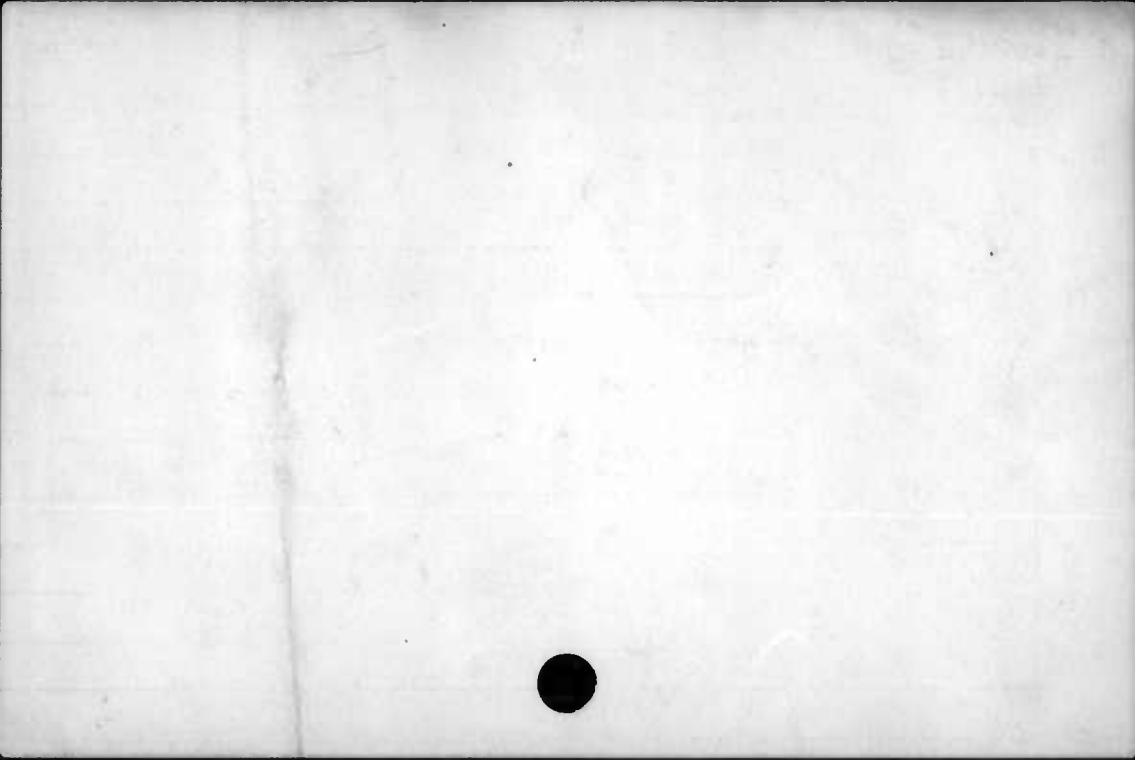
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. Frank Frager, Coroner*

Address *Exton Md*

Accident or Suicide? *Suicide*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

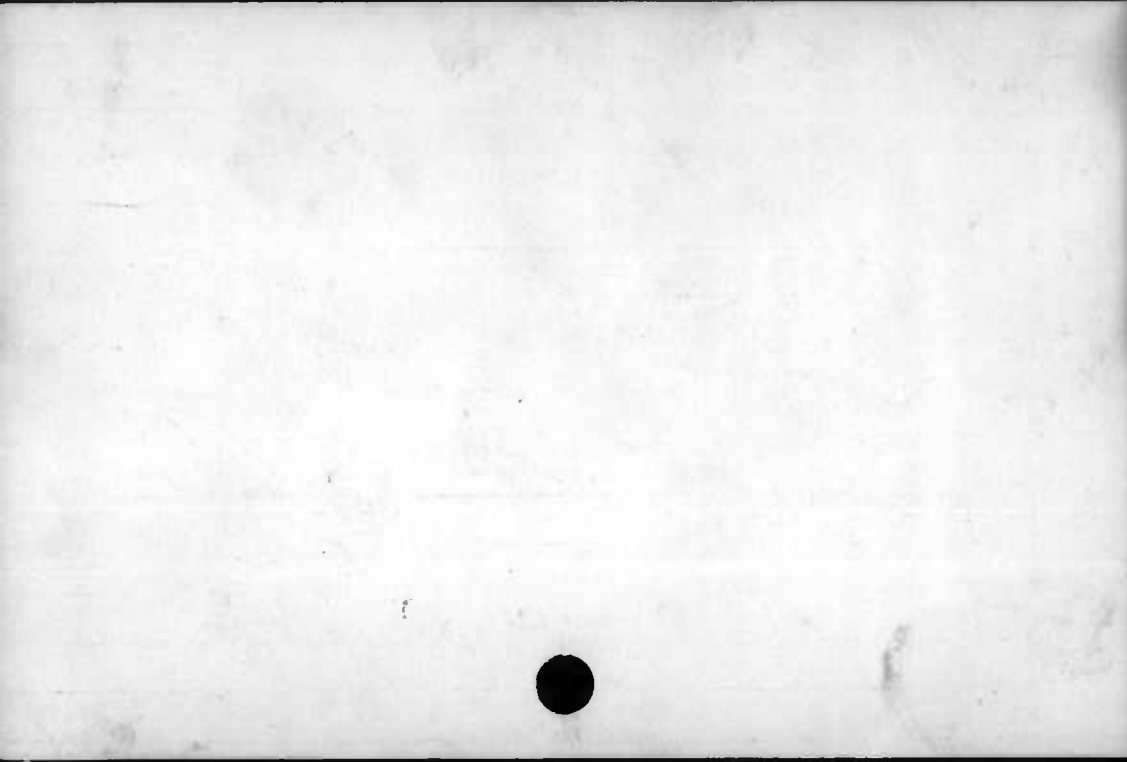
MARYLAND

Died at *Liberty Grove* *Bel* CountyDate of death *1908* *August* *15* Age *—* Years *2* Months *—* Days *—*Sex *male* Color or Race *white* Birth-place *Baltimore*Occupation *none Infant* Where Residing if not at place of death *Liberty Grove Md*Married, Single or Widowed *single* Name of Wife or Husband *none*Father's Name *John Rykowski* ✓ Father's Birthplace *Germany*Mother's Maiden Name *Mary Rykowski* Mother's Birthplace *Germany*Name of person giving information *John Rykowski* How related to deceased *Father*

CAUSES OF DEATH

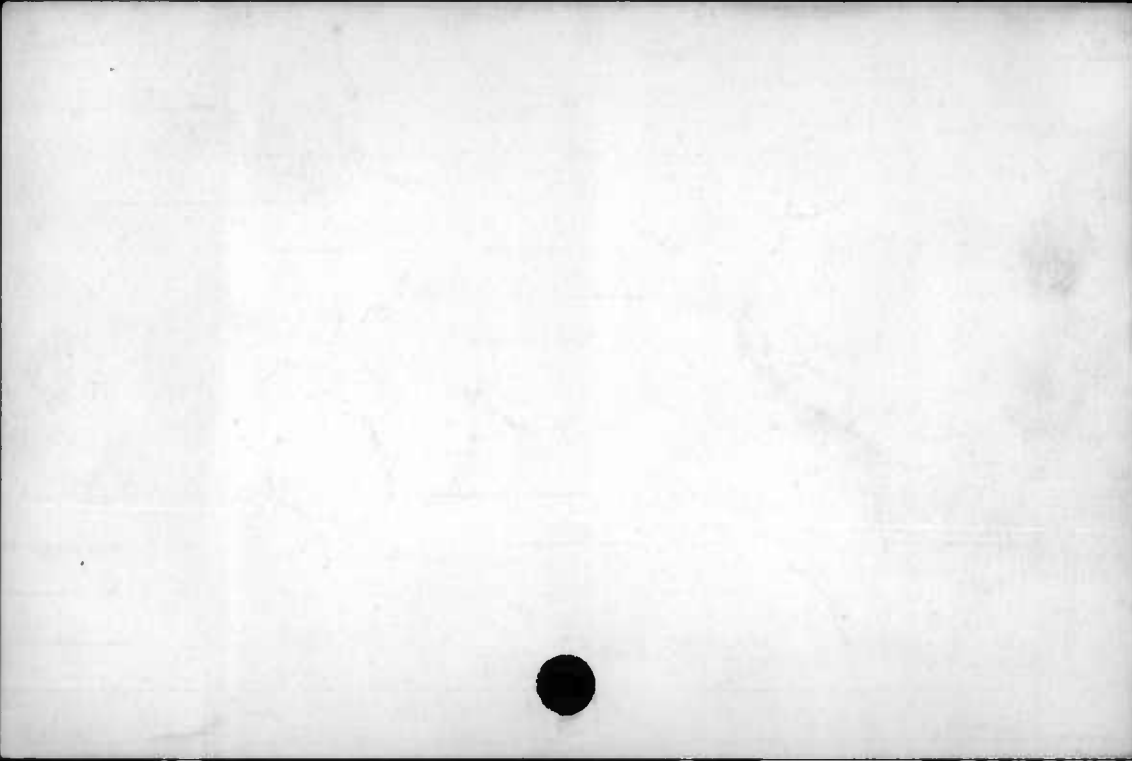
105

Primary *Cholera Infantum* How long *6 weeks*Immediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Ernest Rowland*Address *Liberty Grove Md*~~Accident or Suicide?~~PHYSICIAN
OR CORONER



Name in Full		MARGARET SMITH				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Port Deposit		Cecil		MARYLAND	
	Date of death	1908	Month Aug	Day 28 th	Age 54	Months	Days
	Sex	F		Color or Race	White		
	Occupation	House Wife		Where Residing if not at place of death	Port Deposit		
	Married, Single or Widowed	Widow		Name of Wife's Husband	J. O. Smith		
	Father's Name	Patrick O'Keefe		Father's Birthplace	Ireland		
	Mother's Maiden Name	Margaret Keith		Mother's Birthplace	"		
Name of person giving information	F. P. Kerwin		How related to deceased	None			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="display: flex; justify-content: space-between;"> <div> <p>Primary</p> <p>Chronic Nephritis</p> <p>Heart Failure</p> <p>Immediate</p> <p>Are the name, age, sex, color, date and place correctly given above?</p> <p>Yes</p> <p>Accident or Suicide?</p> <p>No</p> </div> <div> <p>How long</p> <p>2 yrs</p> <p>How long</p> <p>24 hrs</p> <p>Signature of Physician</p> <p>W. G. Jones</p> <p>Address</p> <p>Port Deposit</p> </div> </div>							

120



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

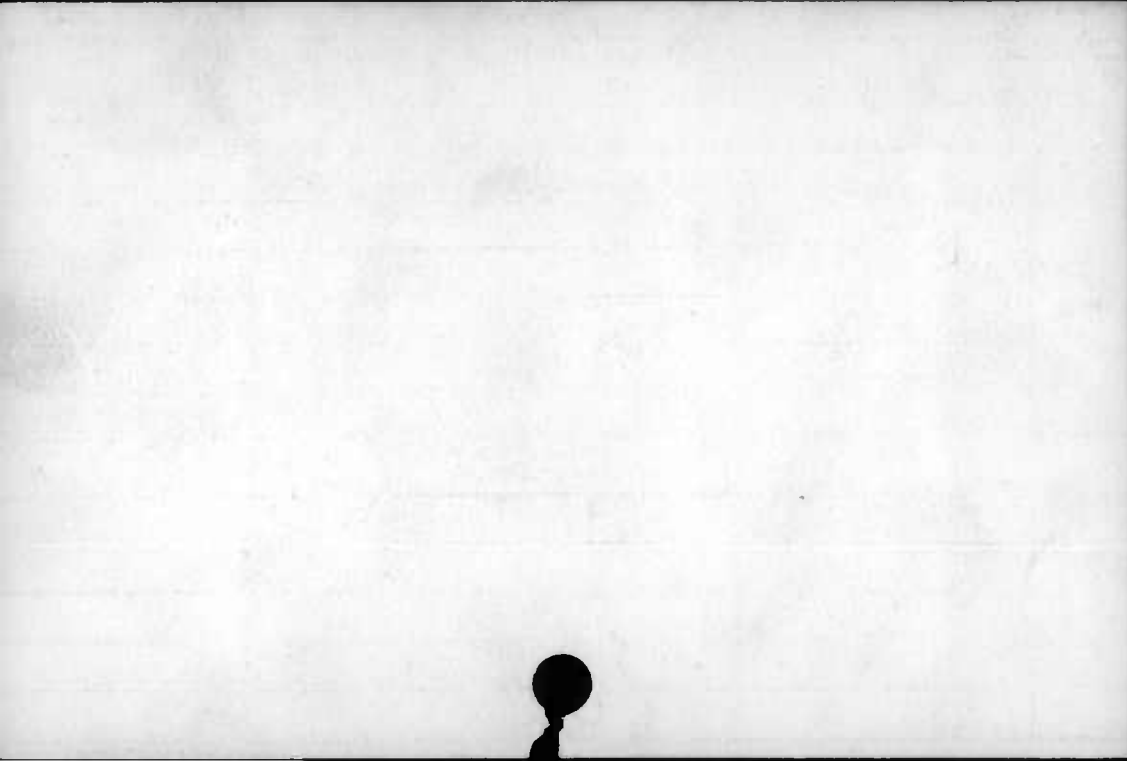
Died at		Town <i>Port-Defrait</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1908	Month <i>Aug</i>	Day <i>22</i>	Age <i>25-</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Port-Defrait-</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edward Snyder</i>					
Father's Name <i>Henry Boyd</i>		Father's Birthplace <i>Cecil Co</i>					
Mother's Maiden Name <i>Belle Whitlock</i>		Mother's Birthplace <i>cc cc</i>					
Name of person giving Information <i>Henry Boyd</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 4 months</i>
Immediate <i>Heart weakness</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Clemmon</i>
	Address <i>Port Defrait</i>
Accident or Suicide?	<i>Yes</i>



Name
in
Full

Margie Lildon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Aug	14	Age	15		
Sex	Female		Color or Race	Coloured		Birth-place	Port-Deposit
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Henry Lildon				Father's Birthplace	Harford Co Md	
Mother's Maiden Name	Emma Wallace				Mother's Birthplace	Maryland	
Name of person giving information	Henry Lildon				How related to deceased	Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	9 Mos.
Immediate	Hæmorrhage	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. G. Fisher	
		Address	
		Port Deposit, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jesse Lock*

Town *Acik* County *Acik*

Died at *Acik*

Date of death 190 *8* Month *8* Day *8* Age *32* Years Months Days

Sex *Male* Color or Race *White* Birth-place

Occupation *Bridge Builder* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information *H. G. Reynolds* How related to deceased *None*

CAUSES OF DEATH

172

PHYSICIAN
OR CORONERPrimary *Accidental Drowning*Immediate *Asphyxia*

Are the name, age, sex, color, date and place correctly given above?

yes

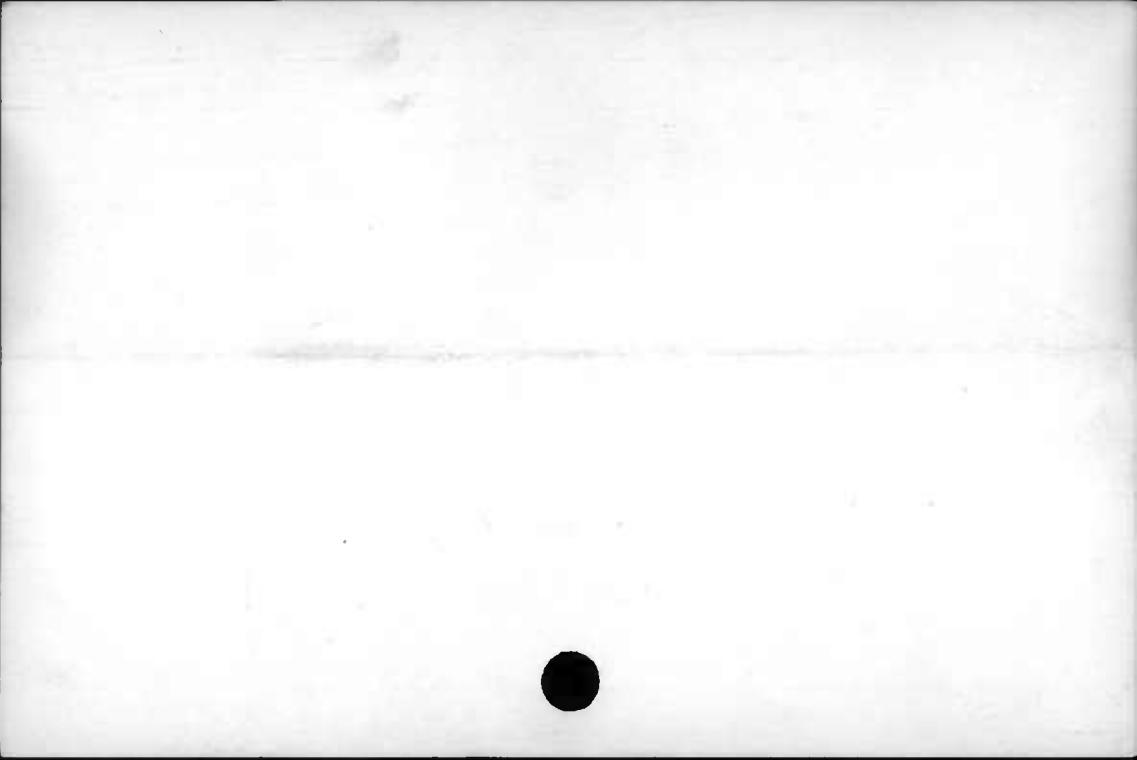
Signature of Physician

Address

James Taylor Coroner
Clinton Md.

Accident or Suicide

*Accident**L. G. Taylor M.D.*
Perryville, Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

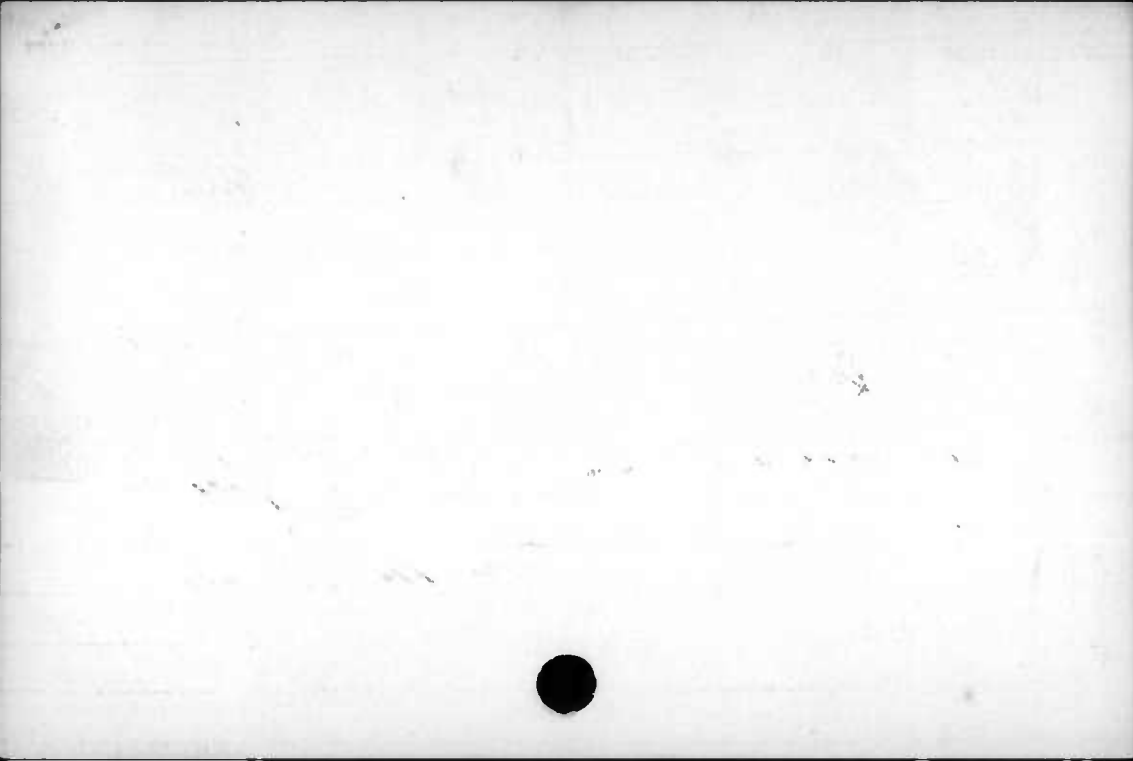
Died at <i>Principio Furnace</i>		Town <i>Principio</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1908 Aug</i>		Month <i>Aug</i>		Day <i>6</i>		Age <i>—</i> Years <i>—</i> Months <i>4</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Principio Furnace</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward White</i>				Father's Birthplace <i>Cecil Co. Md.</i>			
Mother's Maiden Name <i>Annie Morrison</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Edward White</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Meningitis</i>		How long <i>Week -</i>	
Immediate <i>Cerebral -</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>Geo. W. Stump</i>	
		Address <i>Principio No. 3.</i>	
Accident or Suicide? <i>—</i>			



Name in Full		Francis M. Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cecilton ^{Town}		Cecil ^{County}		MARYLAND	
	Date of death	1908	8 ^{Month}	14 ^{Day}	Age	2 ^{Months}	14 ^{Days}
	Sex	Male		Color or Race	Black		Birth-place
	Occupation			Where Residing if not at place of death		Cecil Co. Ind.	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Frank H. Wilson				Father's Birthplace	Ind
PHYSICIAN OR CORONER	Mother's Maiden Name	Maggie Moore				Mother's Birthplace	Ind
	Name of person giving information	Frank H. Wilson				How related to deceased	Father
	CAUSES OF DEATH						71
PHYSICIAN OR CORONER	Primary	Typhoid				How long	48 hours
	Immediate	Typhoid				How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	E. M. Crawford	
					Address	level 100	
	Accident or Suicide?				No		

